CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

See reverse side for Instructions.
Please type or print clearly. Press Hard.

(1) Manifest Number: 0 1 5 - UU4787

SFUND RECORDS CTR
999000367

GENERATOR (Generator Must Complete)

(2) Name: ALUMINUM COMPANY OF AMERICA
EPA NO.: C A D 0 7 4 1 2 6 6 8 1
Address: 5151 ALCOA AVE. Phone No: 588-6141
City, State, Zip: VERNON, CA 90058

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name: OPERATING INDUSTRIES INC.
EPA NO.: C A D 0 8 0 0 1 2 0 2 4
Address: 900 N. POTRERO GRANDE DR.
City, State, Zip: MONTEREY PARK, CA

(4) Alternate TSD Facility
Name: ~~THE COMPANY~~ DeMenno Kerdow
EPA NO.: ~~CAD006~~ *illegible*
Address: ~~2250 ALCOA AVE~~ 2000 Alameda A
City, State, Zip: ~~VERNON, CA~~ Compton

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: 1
WASTE Alum Sludge	N/A	N/A	5,000	gal	TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS ☒ TANK TRUCK ☐ DUMP TRUCK ☐ OTHER
WASTE					

(6) WASTE CATEGORY #7   (7) EX. HAZ. WASTE PERMIT NO. N/A   (8) GENERATING PROCESS ALUMINUM FABRICATION

LIST COMPONENTS:

(9)		CONC. UPPER	RANGE LOWER	UNITS			CONC. UPPER	RANGE LOWER	UNITS
A.	Water		80	☒% ☐ppm	E.				☐% ☐ppm
B.	Sludge		20	☒% ☐ppm	F.				☐% ☐ppm
C.				☐% ☐ppm	G.				☐% ☐ppm
D.				☐% ☐ppm	Non Hazardous Material 100 %				

(10) WASTE PROPERTIES: pH 7   ☐ Toxic   ☐ Flammable   ☐ Corrosive/Irritant   ☐ Reactive   ☐ Sensitizer   ☐ Carcinogen/Mutagen

(11) PHYSICAL STATE: ☐ Solid   ☒ Liquid   ☒ Sludge   ☐ Slurry   ☐ Gas   ☒ Other ALUMINUM OXIDES & WATER

(12) SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves   ☐ Goggles   ☐ Respirator   ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

(13) *signature* K. Gump
Signature of Authorized Agent and Title
10-3-83
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME: ASBURY OIL CO.
EPA NO.: C A D 0 2 8 2 7 7 0 3 6
ADDRESS: 13419 Halldale Avenue   PHONE NO. (213) 321-1392
CITY, STATE, ZIP: Gardena, California 90249

(15) PICK-UP DATE 10-3-83
TIME 11:55 ☒ AM ☐ PM

(16) *signature* John Straus (Driver)
Signature of Authorized Agent and Title
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME: _____
EPA NO.: ☐☐☐☐☐☐☐☐☐☐☐☐☐
PHONE NO.: _____

(18) QUANTITY (If Measured): _____
(19) STATE FEE (If Any): _____

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

K001296

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

(22) NAME: _____
EPA NO.: C A T 0 8 0 0 1 3 3 5 2

(21) HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment   ☐ Landfill
☐ Injection Well   ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse   ☐ Storage/Transfer

(23) *signature* Manuel Kunc
Signature of Authorized Agent and Title
10-3-83
Date Accepted

TO TRANSPORTER